

WARNING--Do not fill out this form until you have read all instructions.	DESIGNATION OF BENEFICIARY CIVIL SERVICE RETIREMENT SYSTEM		<small>OMB Approved: No. 3206-0142</small> <small>Standard Form No. 2808</small> <small>Office of Personnel Management</small> <small>NSN 7540-00-634-4260</small>	
A. INFORMATION CONCERNING THE DESIGNATOR				
1. NAME <i>(Last, first, middle)</i>		2. Date of birth <i>(Month, day, year)</i>		3. Social Security Number
4. Department or agency in which presently or last employed, including bureau or division			5. Claim number if retired <div style="text-align: center; font-weight: bold; font-size: 1.2em;">CSA---</div>	
<small>I, the employee or former employee identified above, canceling any and all previous designations of beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any lump-sum benefit which may become payable under the Civil Service Retirement law after my death. I understand that this designation of beneficiary will not affect the rights of any survivors who may qualify for annuity benefits after my death, and that this designation will remain in full force and effect unless or until canceled by me in writing.</small>				
B. INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES				
<small>Type or print first name, middle initial, and last name of each beneficiary</small>	<small>Type or print address <i>(including zip code)</i> of each beneficiary</small>		<small>Relationship</small>	<small>Share to be paid to each beneficiary <i>(See example)</i></small>
<small>I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary or beneficiaries who may die before a lump-sum benefit becomes payable shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. If none of the beneficiaries are alive when lump-sum benefit becomes payable, this designation shall be void.</small>				
Date of this designation <i>(Month, day, year)</i>		Signature of designator <i>(Do not print)</i>		
C. WITNESSES <i>(A witness is ineligible to receive payment as a beneficiary)</i>				
<small>We, the undersigned, certify that this instrument was signed in our presence.</small>				
Signature of witness <i>(Do not print)</i>	Number and street		City, state, zip code	
Signature of witness <i>(Do not print)</i>	Number and street		City, state, zip code	
Print or type your name and address <i>(Including zip code)</i> to insure return of copy <div style="border: 1px solid black; width: 100%; height: 100%; position: relative;"> <div style="position: absolute; top: 0; left: 0; width: 50%; height: 50%; border-right: 1px solid black; border-bottom: 1px solid black;"></div> <div style="position: absolute; top: 0; right: 0; width: 50%; height: 50%; border-bottom: 1px solid black; border-left: 1px solid black;"></div> </div>			<i>(Reserved for receiving stamp of Office of Personnel Management)</i>	

COMPLETE THIS FORM AND THE DUPLICATE COPY.

MAIL BOTH COPIES TO THE OFFICE OF PERSONNEL MANAGEMENT, CIVIL SERVICE RETIREMENT SYSTEM, WASHINGTON, D.C. 20415

WARNING--- Do not fill out this form if you are satisfied to have any lump-sum benefit which may become payable after your death paid according to the order of precedence which

CIVIL SERVICE RETIREMENT LAW ORDER OF PRECEDENCE

If there is no designated beneficiary living, any lump-sum benefit which becomes payable after the death of an employee or former employee will be payable to the first person or persons listed below who are alive on the date title to the payment arises.

1. To the widow or widower.
2. If neither of the above, to the child or children in equal shares, with the share of any deceased child distributed among the descendants of that child
3. If none of the above, to the parents in equal shares or the entire amount to the surviving parent
4. If none of the above, to the executor or administrator of the estate of the decedent
5. If none of the above, to the next of kin under the laws of the State in which the decedent was domiciled at date of death.

It is not necessary for any employee or former employee to designate a beneficiary unless he or she wishes to name some person or persons not included above, or in a different order.

PURPOSE OF DESIGNATING A BENEFICIARY

A designation of beneficiary is for lump-sum benefit purposes only, and does not affect the right of any person who qualifies to receive *survivor annuity* benefits. Such benefits are payable either by operation of law or as a result of an election made by a retiring employee. Survivor annuity benefits are never based on this form.

DESIGNATING A TRUST AS A BENEFICIARY

If you wish to designate a trust fund as your beneficiary, see your agency personnel office for information before filling out this form.

INSTRUCTIONS

1. The examples printed on the back of the first page may be helpful to you.
2. Type or print all entries except signatures.
3. Fill out and mail both copies to the Office of Personnel Management, Civil Service Retirement System, Washington, D.C. 20415. The designation of beneficiary must be received by the Office of Personnel Management prior to the death of the employee or former employee.
4. Cancellation of a prior designation may be effected without the naming of a new beneficiary by making out a new Standard Form 2808 and inserting

in the space provided for name of beneficiary the words "Cancel Prior Designation." All designations of beneficiary filed before September 1, 1950, have been canceled by law. It is not necessary to file a new form to cancel a designation made before that date.

5. This form is not intended as a will, and miscellaneous provisions, such as payment of just debts, payment on the monthly installment plan, etc., will not be recognized.
6. A designation free of erasures or alterations should be filed in order to avoid a possible contest after death.
7. The duplicate will be returned to you as evidence that the original has been received and filed. When you receive the duplicate, file it with your important papers. After your death the beneficiary, or someone acting for the beneficiary, should request the Office of Personnel Management to furnish a blank on which to make application for any lump-sum benefit which may be payable.

LAW AND REGULATIONS

1. By law, the designation of beneficiary shall be in writing, signed and witnessed, and received in the Office of Personnel Management prior to the death of the designator.
2. By law, no change or cancellation of beneficiary in a last will or testament, or in any other document not witnessed and filed as required by these regulations, shall have any force or effect.
3. A witness to a designation of beneficiary is ineligible to receive payment as a beneficiary.
4. Any person, firm, corporation, or legal entity may be named as beneficiary.
5. A change of beneficiary may be made at any time and without the knowledge or consent of the previous beneficiary, and this right cannot be waived or restricted.

PRIVACY ACT STATEMENT

Title 5, U.S. Code, authorizes solicitation of this information. Your designation of beneficiary will be used to determine who will receive a lump-sum benefit in the event of your death.

This information may be shared with national, State, local, or other charitable social security administrative agencies to determine and issue benefits under their programs or, with law enforcement agencies when they are investigating a violation or potential violation of the civil or Executive Order 9397 (November 22, 1943) authorizes use of the Social Security number to distinguish you and people with similar names. Furnishing your Social Security number, as well as the other data, is voluntary, but failure to do so may result in OPM's inability to determine who is eligible to receive a lump-sum benefit in the event of your death.